Date | May 24, 2000

PTO/SB/05 (4/98± Approved for use through 09/30/2000. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

Attorney Docket No. Dworkin BOO4

PATENT APPLICATION TRANSMITTAL

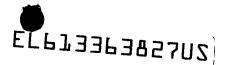
First Inventor or Application Identifier Barry Dworkin Internet Promotion Redemption

Only for new i	nonprovisional applications under 37 C.F.R. § 1.53(b) Express	Mail Label N	Vo.						
	APPLICATION ELEMENTS thapter 600 concerning utility patent application contents.	ADDRE	Assistant Commissioner for Patents ESS TO: Box Patent Application Washington, DC 20231						
	Fee Transmittal Form (e.g., PTO/SB/17) Submit an original and a duplicate for fee processing)	5. Mi	icrofiche Computer Program (Appendix)						
2. X Sp	pecification [Total Pages 38] referred arrangement set forth below)	Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)							
	Descriptive title of the Invention	a.	Computer Readable Copy						
- (Cross References to Related Applications	. b.	Paper Copy (identical to computer copy)						
	Statement Regarding Fed sponsored R & D Reference to Microfiche Appendix	с. 🗌	Statement verifying identity of above copies						
. E	Background of the Invention	AC	COMPANYING APPLICATION PARTS						
- E	Brief Summary of the Invention								
- €	Brief Description of the Drawings (if filed)		nment Papers (cover sheet & document(s))						
	Detailed Description		C.F.R.§3.73(b) Statement Power of Attorney						
	Claim(s) Abstract of the Disclosure	9. Er	nglish Translation Document (if applicable)						
	rawing(s) (35 U.S.C. 113) [Total Sheets 6		formation Disclosure Copies of IDS atement (IDS)/PTO-1449 Citations						
4. Oath or i	Declaration [Total Pages 2]	11. Pr	eliminary Amendment						
a. 🗴	Newly executed (original or copy)		eturn Receipt Postcard (MPEP 503)						
Ь. Г	Copy from a prior application (37 C.F.R. § 1.63(d))		chould be specifically itemized) Small Entity - Statement filed in prior application						
l ". ∟	(for continuation/divisional with Box 16 completed)	13. X St	atement(s) Status still proper and desired						
	i. DELETION OF INVENTOR(S) Signed statement attached deleting		TO/SB/09-12) Status still proper and desired entified Copy of Priority Document(s)						
	inventor(s) named in the prior application,	14. (if	foreign priority is claimed)						
	see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).		her:						
* NOTE FOR	ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY ALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT								
IF ONE FILE	ED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.27), EXCEPT	ĺ							
16. If a CO	ONTINUING APPLICATION, check appropriate box, and supp	ply the requisite	information below and in a preliminary amendment:						
	ontinuation Divisional Continuation-in-part (CIP)		or application No:/						
	pplication information: Examiner		Group / Art Unit:						
For CONTINU	<u>UATION or DIVISIONAL APPS only</u> : The entire disclosure of t b, is considered a part of the disclosure of the accompanying	the prior appli	cation, from which an oath or declaration is supplied						
reference. T	he incorporation <u>can only</u> be relied upon when a portion has	s been inadver	tently omitted from the submitted application parts.						
17. CORRESPONDENCE ADDRESS									
☐ Custon	ner Number or Bar Code Label		or 🛛 Correspondence address below						
	(Insert Customer No. or Attach	bar code label	here)						
Name	Matthew J. Cohen								
,,,,,,,									
Address	21550 Oxnard St., Third Floor								
A001835									
City	Woodland Hills State C		Zip Code 91367						
Country	USA Telephone (8	18) 592-	4040 Fax (818) 703-0338						
Name (F	Prini/Type) Matthew J. Coben	Registra	tion No. (Attorney/Agent) 42,426						

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

I

Signature





Reg. No. 42,426

1c834 U.S. PTO 09/589266

(\$) 345

SUBTOTAL (3)

PTO/SB/17 (2/98)
Approved for use through 9/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Complete if Known

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

					······································				
FEE TRANSMITTAL		Applic	catio	n Num	ber				
	- [Filing Date							
Patent fees are subject to annual revision on October 1. These are the fees effective October 1, 1997.					entor Barry Dworkin	Barry Dworkin			
Small Entity payments must be supported by a small entity staten	nent,			Name	2011, 201011111				
otherwise large entity fees must be paid. See Forms PTO/SB/09 See 37 C.F.R. §§ 1.27 and 1.28.	'' [*]								
TOTAL AMOUNT OF PAYMENT (\$) 345	-			t Unit					
TOTAL AMOUNT OF PATMENT (\$) 343		Attorney Docket No. Dworkin.P001							
METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)								
The Commissioner is hereby authorized to charge	3. AD	DITI	ONA	L FE	ES				
indicated fees and credit any over payments to:	Large I			II Entity Fee	/ Fee Description	Fee Paid			
Deposit Account	Code	(\$)	Code	e (\$)	·	ree raid			
Number	105	130	205	65	Surcharge - late filing fee or oath				
Deposit Account	127	50	227	25	Surcharge - late provisional filing fee or cover sheet.				
Name Charge the Issue Fee Set in	139	130	139	130	Non-English specification				
Fee Required Under 37 C.F.R. § 1.18 at the Mailing of the Notice of Allowance	147 2		147	2,520	For filing a request for reexamination				
37 C.F.R. 93 1.10 and 1.17 Oil the Motice of Allowance	112	920*	112	920*	Requesting publication of SIR prior to Examiner action				
2. Payment Enclosed:	113 1.	840*	113	1 840*	Requesting publication of SIR after				
Check Order Other	115 1	,040	113	1,040	Examiner action				
FEE CALCULATION	115	110	215	55	Extension for reply within first month				
1. BASIC FILING FEE	116	400	216	200	Extension for reply within second month				
			217		Extension for reply within third month				
Large Entity Small Entity Fee Fee Fee Fee Description Fee Paid	118 1,	,510	218	755	Extension for reply within fourth month				
Code (\$) Code (\$)	128 2,				Extension for reply within fifth month				
Tot 100 Bot 500 Guilly minig 100	-		219		Notice of Appeal				
106 330 206 165 Design filing fee			220		Filing a brief in support of an appeal Request for oral hearing				
107 540 207 270 Plant filing fee 108 790 208 395 Reissue filing fee			221		Petition to institute a public use proceeding	····			
114 150 214 75 Provisional filing fee	138 1,		138 1	•	Petition to revive - unavoidable				
SUBTOTAL (1) (\$) 345			240	55	Petition to revive - unintentional				
2. EXTRA CLAIM FEES	141 1,				Utility issue fee (or reissue)				
Fee from	142 1, 143 4		242 243		Design issue fee				
Extra Claims below Fee Paid Total Claims 3 -20** = 0 × 11 = 0			244		Plant issue fee				
Independent 3 3 3 - 3			122		Petitions to the Commissioner				
Claims S 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	123		123	50	Petitions related to provisional applications				
**or number previously paid, if greater; For Reissues, see below	126	240	126	240	Submission of Information Disclosure Stmt				
Large Entity Small Entity Fee Fee Fee Fee Fee Description	581	40	581	40	Recording each patent assignment per				
Code (\$) Code (\$)					property (times number of properties)				
103 22 203 11 Claims in excess of 20	146	790	246	395	Filing a submission after final rejection (37 CFR 1.129(a))	-			
102 82 202 41 Independent claims in excess of 3 104 270 204 135 Multiple dependent claim, if not paid	149	790	249	395	For each additional invention to be examined (37 CFR 1.129(b))				

SUBMITTED E	JY	Complete (if applicable)			
Typed or Printed Name	Matthew J. Cohen			Reg. Number	42,426
Signature	re	Date	5/24/00	Deposit Account User ID	

Reduced by Basic Filing Fee Paid

Other fee (specify)

Other fee (specify) _

109

110

82 209 41

210 11

** Reissue independent claims over original patent

** Reissue claims in excess of 20

(\$) 345

and over original patent

SUBTOTAL (2)

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

